

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10/1/01		10/3/01
O.I.P.E. CLASSIFIER			10/1/01
FORMALITY REVIEW	10/1/01	1105	12/15/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	10/1/01
2	10/1/01
3	10/1/01
4	10/1/01
5	10/1/01
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8	10/1/01
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50	10/1/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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